

**Provider Inspection Summary**  
For the period 04/01/2003 to 03/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** ROYALINE CARE DBA WELCOME HOME (0008940)  
**Address:** 540 W PRAIRIE ST, WAUTOMA, WI 54982  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2000  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0096421      **End Date:** 02/17/2006      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0096006      **End Date:** 11/22/2005      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007228    Served 12/09/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	SUPERVISION AND MONITORING	02/17/2006	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	02/17/2006	Yes
83.33(3)(i)1	RECORDS	02/17/2006	Yes
83.33(3)(i)2	MEDICAL CONDITION RECORDED IN RECORDS	02/17/2006	Yes

**Survey ID:** 0094253      **End Date:** 03/07/2005      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10007119    Served 03/15/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	05/27/2005	Yes

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Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Survey ID: 0093225      End Date: 08/23/2004      Type: STANDARD      Purpose: SURVEY**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #10007011    Served 09/04/2004**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.035(2)	REGULATION OF CBRF	05/27/2005	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	11/09/2006	Yes

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CLASS CNA (NONAMBULATORY)

**Enforcement History**

**Date:** 12/08/2005      **SOD #**10007228      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.12(5)(a)

FORFEITURE---83.33(3)(a)2

FORFEITURE---83.33(3)(i)1

FORFEITURE---83.33(3)(i)2

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